

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO

FILE NO DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		1				
18		1				
19		4				
20		4				
21		4				
22		4				
23		4				
24		4				
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		6				
33		2				
34		2				
35		2				
36		2				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	1					
TOTAL DEP.		33				
TOTAL CLAIMS	1	33				

51						
52		1				
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58		1				
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100						
TOTAL IND.	3					
TOTAL DEP.		82				
TOTAL CLAIMS	3	82				